☐ Initial App	olicat	ion	
☐ Amended	I App	olication	
Date:4	3	23	



City of Tucson COMMITTEE STATEMENT **OF ORGANIZATION**

COMMITTEE ID NUMBER (office use only)

Committee Name (required):	Candidate's Name (required): Victoria Lem Candidate's mailing address (required): 911 W. Calle Antonia, Tucson, A Candidate's email address (required): VICTORIA VICTORIA LEM. COM Candidate's phone number (required): 520-272-0585 Candidate's website (if any):		
first or last name & office) Candidate Information:			
Office Sought (choose one):	□ Mayor ☐ Council Member, Ward ☐		
Election Cycle for Office Soug	ght (year the election will take place) (required): 2023		
Party Affiliation: Democrat Libertarian Republican Other: required)			
☐ Political Action Comm	nittee (PAC)		
Committee Name (required): if sponsored, must include sponsor's name)			
Political Function (optional): (select any that apply)	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures		
Sponsorship Information: if applicable)	Sponsor's name or nickname (required):		
Special Status must be filed			
if applicable)	☐ Standing Committee (must also complete separate standing committee registration) ☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)		
☐ Political Party			
Committee Name (required): (must include party affiliation)			
Jurisdiction:	☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) ☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) ☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-803) ☐ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)		
Special Status must be filed (if applicable)	d with Secretary of State Standing Committee (must also complete separate standing committee registration)		

registration)

☐ Initial Ap	pplication ed Application
Date: 4	323



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

23-350-CT

COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required):
	Committee's email address (required):
	Committee's phone number (if any):
Chairperson's Information:	Committee's website (if any):
	Chairperson's physical address (required):
	Chairperson's mailing address (if different):
	Chairperson's email address (required):
	Chairperson's phone number (required):
	Chairperson's employer (required):
Treasurer's Information:	Chairperson's occupation (required): Treasurer's name (required): Candidate
	Treasurer's physical address (required):
	Treasurer's mailing address (if different):
	Treasurer's email address (required):
	Treasurer's phone number (required):
	Treasurer's employer (required):
	Treasurer's occupation (required):
Bank or Financial Institution:	Bank name (required): Wells Fargo Bank Additional bank name (if applicable):
(do not list acct numbers)	Additional bank name (if applicable):
	Additional bank name (if applicable):
chairperson or treasurer of the committee and authorize it to	perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as the committee named herein, if applicable; (2) designate the above-named committee as my official candidate to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's ing guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. agree to accept all notifications and legal service of process for campaign finance purposes via the email
address(es) provided herein.	
Chairperson's signature:	Date: 4/3/2023
Treasurer's signature:	Date: 4/3/2023 Date: 4/3/2023 Date: 4/3/2023
Candidate's signature (if app	licable): 4/3/203